

License No. _____

Date Issued _____

APPLICATION FOR BROKER LICENSE
 For the period May 1, 2002 to April 30, 2005

Please TYPE or PRINT

INSTRUCTIONS

1. Name of Applicant	WHO MUST FILE — Any company who represents a Vendor of Spirits, Brewer, Wine Maker, Outstate Seller of Beer, Wine, or Mixed Spirit Drink, or a Wholesaler licensed by the Commission, where the company is to act as the Michigan broker or to aid and assist the supplier in the sale, delivery or promotion of alcoholic liquor. CHANGE IN EMPLOYMENT — Notify the MLCC when the Applicant named on this form terminates their relationship with the Vendor of Spirits, Supplier or Wholesaler. PENALTIES — Failure to obtain a required license is a violation of the Liquor Control Code. Submitting FALSE or INCOMPLETE information is also a violation. Violation of the Code may result in denial, suspension or revocation of the license and a fine. FILING THE APPLICATION a. Make photocopies for your records b. Print applicant name in the space at the bottom of the form. c. Mail the application and a check for \$35 (payable to the STATE OF MICHIGAN) to the above address.		
2. Home Address (number, street, city, state, zip code)			
3. Home Telephone Number			
4. Business Address (number, street, city, state, zip code)			
5. Business Telephone Number			
CHECK TYPE OF LICENSE:		<input type="checkbox"/> New License \$35	<input type="checkbox"/> Transfer License (No Fee)
Note: Corporations or Limited Liability Companies filing for the first time must submit the following additional documents. A. A copy of the current Articles of Incorporation, or Article of Organization, as approved by the Michigan Department of Consumer & Industry Services, Corporate Division. B. Report of Corporate Officers, Board of Directors, and Stockholders (form LC-52) or Report of Limited Liability Company Members, Managers and Assignees (form LC-52a).			
To be completed by APPLICANT			
6. Has the Michigan Liquor Control Commission previously issued a license to this Company? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please list the Type of License _____ Year Issued _____ License No. _____			
7. Has the company ever been denied a license or had a license revoked by the MLCC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes list facts, dates and places on a separate sheet.			
8. By signing this application I agree to abide by the provisions of the Liquor Control Code and the Administrative Rules of the MLCC. I also understand that submitting FALSE or INCOMPLETE information is cause for denial of the license and is a violation of the Liquor Control Code. Signature: _____ Date: _____			
CASHIER VALIDATION (please do not write in this space)			
To be completed by Company to be represented by BROKER			
9. Name and Address of Company:			
10. Business Telephone Number		11. FEDERAL ID Number	
12. I request the MLCC grant a BROKER LICENSE to: _____			
Signature: _____		Title: _____ Date: _____	